

Employee Suggestion Program Suggestion Form (Part A)

To be completed by agency

Date Received:

Suggester Information	
Name:	Job Title:
Agency:	Division or Unit:
Work Address:	City, State, Zip Code:
Work Phone:	Name of Supervisor:
Suggestion Information (if more space is needed, attach a separate sheet)	
Describe the present method or situation.	
Explain in detail how the present method or situation could be improved and reduce costs in your agency. Include the estimated first year's savings and how that was determined.	
By my signature, I agree that once the suggestion above has been adopted by my agency, the suggestion becomes the property of the State of Kansas.	Date:
Signature:	
Submit form to: (Agency coordinator name and address)	Contact Information: (Agency coordinator name and phone number)
To be completed by agency: _____ Adopted _____ Not Adopted	

Employee Suggestion Program Evaluation Form (Part B)

Suggestion Eligibility

If the suggestion concerns any of the following, indicate which and explain:

- | | |
|--|--|
| <input type="checkbox"/> Personal grievance or complaint | <input type="checkbox"/> Classification and pay |
| <input type="checkbox"/> Unclear or non-specific method | <input type="checkbox"/> Established procedures not being followed |
| <input type="checkbox"/> Matters that are the result of studies, audits, surveys, etc. | <input type="checkbox"/> Other |

Does the suggestion accurately describe the current method or situation?

- ☐ Yes ☐ No (If no, what is the actual method or situation?)

Can the suggestion be implemented either fully or partially?

- ☐ Yes ☐ No (Explain giving specifics, attach a separate page if needed.)

Has this suggestion previously been proposed or under consideration?

- ☐ Yes ☐ No (If yes, what action was taken or is being taken?)

Evaluation of Cost Savings

Agency estimated cost reduction, please describe and show calculations:

Agency Action

- ☐ Adopted ☐ Not Adopted

Estimated Cost Reduction Innovation Award	
$\frac{\text{Estimated Cost Reduction}}{\text{(Estimated Cost Reduction)}} \times 10\% = \frac{\text{Total Award - \$37,500 Max}}{\text{(Total Award - \$37,500 Max)}} \times 25\% = \frac{\text{Amount of Initial Award - \$3,500 Max}}{\text{(Amount of Initial Award - \$3,500 Max)}}$	
Amount of Initial Award:	Date Paid:
Appointing Authority Signature	Date:
Chief Fiscal Officer Signature	Date:
Date Forwarded to Division of Budget:	
Documented Savings Following 12 Months Implementation	
Date Implemented:	
Results:	
Actual Cost Reduction:	
$\frac{\text{Actual Cost Reduction}}{\text{(Actual Cost Reduction)}} \times 10\% = \frac{\text{Total Award - \$37,500 Max}}{\text{(Total Award - \$37,500 Max)}} - \frac{\text{Initial Award Amount}}{\text{(Initial Award Amount)}} = \frac{\text{Balance Due on Total}}{\text{(Balance Due on Total)}}$	
Balance Due:	Date Paid:
Appointing Authority Signature	Date:
Chief Fiscal Officer Signature	Date:
Results Forwarded to the Division of Budget	Date:
Division of Budget Receipt	
Initials	Date